MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869272

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		1						54						
5								55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
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12		1						62						
13		1						63						
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46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1							TOTAL IND.						
TOTAL DEP.	13							TOTAL DEP.						
TOTAL CLAIMS	14							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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